

**OVERLOAD REQUEST**

**PLEASE READ THE FOLLOWING INFORMATION**

- Your past academic performance at UT is the most important factor influencing the outcome of your request; therefore, overloads are not granted to:
  1. First semester students (freshman or transfers) or
  2. Students on academic review.
- You must make any needed adjustments to your course load by the add/drop deadline.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_ Major \_\_\_\_\_

Semester of overload \_\_\_\_\_ Year \_\_\_\_\_

Semester and year you plan to graduate \_\_\_\_\_ Catalog Year \_\_\_\_\_

Please thoroughly explain the reason you are requesting an overload \_\_\_\_\_

Will you be working during the term of overload? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

MAXIMUM NUMBER OF HOURS WHICH MAY BE TAKEN WITHOUT SPECIAL PERMISSION			
Fall 19	Spring 19	Miniterm 3	Summer 12

**LIST THE COURSES FOR WHICH YOU HAVE ALREADY REGISTERED**

Department Name	Course Number	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIST THE COURSES THAT WILL BRING YOUR TOTAL HOURS ABOVE THE MAXIMUM HOURS FOR EACH TERM**

Department Name	Course Number	Credit Hours
_____	_____	_____
_____	_____	_____

**Total Hours Requested** \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
Decision:	Granted <input type="checkbox"/>	Denied <input type="checkbox"/> Pending <input type="checkbox"/>
Comments	_____	
_____	Reviewed by _____	Date _____
Is this form complete?	Signature _____	Date _____